



District of Columbia Health Benefit Exchange Authority
In-Person Assister
Request for Applications
DCHBX-2013-RFA 01
Questions & Answers I
Release Date: 06.07.13

The following questions and answers are from the pre-proposal conference which was held on 06.05.13. They relate to the Request for Applications (DCHBX-2013-RFA 01) released on 05.24.13.

Grant Awards

Q: What is the funding range for the grants? Is there a minimum or maximum grant award?

A: No, there is no established range or minimum/maximum grant award. Grant awards will be determined by the quality and proposed work of the applications submitted.

Q: How many In-Person Assister (IPA) Entities will be funded?

A: There is no established number of grants that will be awarded. The number of grantees/IPA Entities funded will be determined by the quality and proposed work of the applications submitted. This is an open call for applications and the DC Health Benefit Exchange (the Exchange) wants to hear from a range of organizations that can do this work.

Q: How many IPAs are expected to be needed in DC to support the open enrollment period?

A: There is no established number of IPAs that will be needed in DC. When the DC Health Benefit Exchange submitted its proposed estimates to the Federal government as a part of the grant request, 170 IPAs were estimated. Once again, this is an estimated number and does not reflect a minimum or maximum number of IPAs.

Q: Will the grant awards be proportional to the wards in the District or to the number of recipients?

A: Grant awards will not be distributed proportionally by ward. After each application is scored separately, the applications will be considered together to ensure all target populations are covered, without unnecessary duplication, by a diverse set of organizations that are geographically dispersed throughout the city. Final grant awards will be determined by taking these additional comparative criteria into consideration.

Q: Will grant awards for partnership or collaborative projects be prioritized?

A: No, collaborative applications will be weighted the same as single-organization applicants in the review process. The weight will be based on the proposed activities, experience and networks the organization already has, so partnering with other organization in ways that make an application stronger can be helpful.

Q: What is the ideal applicant organization are you looking to support?

A: There is no “ideal” organization. We are looking to fund organizations with experience in working with the populations they are proposing to serve. Our intent is to support organizations that already have trusted relationships and established networks within their communities that will enable them to easily reach their target population(s). Please carefully review the requirements listed in the RFA.

Eligibility

Q: Are DC managed care organizations eligible to apply for the IPA funding?

A: No, DC managed care organizations are not eligible to apply for this funding due to the conflict of interest restrictions.

Q: What documentation is an acceptable alternative to a DC business license? If an organization has applied for a license but has not received it by the application deadline, can the application still be submitted?

A: The DC Health Benefit Exchange recognizes that many organizations, like churches, are not required to have a DC business license. If your organization does not have a license, or has recently applied for a license, please provide that information as a part of your application. There is no negative scoring for not having a DC business license where a license is not required to undertake your organization’s current functions. If your organization receives a grant award, additional information or documentation may be requested.

Q: If an organization has board members affiliated with a health insurer, is the organization ineligible to apply for a grant?

A: No. Having a board member affiliated with a health insurer does not make an organization ineligible to apply, but such information is pertinent and should be relayed in the Conflict of Interest Plan under section IX (4). However, organizations are not eligible to be IPA Entities if that applicant organization is an association that includes members of, or lobbies on behalf of, the health insurance industry.

Q: Are churches eligible?

A: Yes. Some churches might see that a business license is requested in the application and have concern if the church does not have a business license. The DC Health Benefit Exchange recognizes that many organizations, like churches, are not required to have a DC business license. If your organization does not have a license, please provide that information as a part of your application. There is no negative scoring for not having a DC Business license where a license is not required to undertake your organization's current functions.

Q: Are for-profit organizations eligible to apply for funding?

A: Yes, for-profit organizations are eligible. Please refer to the RFA, section VIII for further eligibility requirements.

Residency and Service Area Coverage

Q: My organization serves people throughout the Washington, DC metropolitan area. Can I use the IPA Program funds to help residents of Maryland and Virginia that work in the District?

A: The target population for the IPA Program is residents of the District or small businesses based in the District. Grant funding cannot be used to support consumers that reside outside of the District of Columbia or businesses that are located outside the District. Grant funding can be used to assist small businesses located in the District regardless of where their employees reside. Each state and jurisdiction will have similar programs to help residents understand how to access the marketplaces in those states.

Q: Are the IPAs required to be DC residents?

A: While there are no specific requirements that individual IPAs be DC residents, the IPAs must have a keen understanding of the applicant's proposed target population in the District. Please note that IPA Entities with awards greater than \$300,000 are required to make best efforts to have a majority of new hires be DC residents. Non-profit organizations with 50 or fewer employees at the time of the award are exempt from this requirement. See RFA section X (4).

Q: My organization has also applied to the Virginia navigator program. Are we eligible to receive a grant in both VA and DC?

A: Yes. The DC award should serve DC residents and small businesses in the District.

Q: I plan to support small businesses; however, many have employees that reside outside of the District. Can we still work with those employees that do not live in the District but are employed by District-based organizations?

A: If the employer plans to provide employer-sponsored coverage, the IPA should help the employer enroll all of its employees, including those that do not reside in the District. If the IPA is working with a small business to help its employees understand and take advantage of their options for purchasing in the individual market, the IPA is encouraged to help educate all of the employees, but they will need to refer those who do not reside in the District to resources in

other states since they will not be trained on the Exchange, web-portal or plan offerings in those other states.

Target Population(s)

Q: Immigrants are listed as a possible target population. Does that only include documented immigrants that are living in DC legally or can undocumented immigrants be served as well?

A: Immigrants per se are not a target population; however, those with limited English proficiency are included and that group can include immigrant communities. Undocumented immigrants are not eligible to be served by the Exchange and should not be a target population. However, they can be referred to the DC Healthcare Alliance offered through the DC Department of Health Care Finance for coverage should someone approach an IPA for assistance.

Q: Should applications address serving/accessing all of the target populations?

A: No, we do not expect every IPA Entity to reach all of the targeted populations. Strong applications will target the populations with whom your organization already has experience and those with whom you have trusted relationships.

Q: Can you expand on target populations?

A: The target populations are not only the uninsured, but include hard-to-reach populations in the District. All District residents and businesses will be purchasing insurance through the DC Health Benefit Exchange eventually. So the target population includes hard-to-reach individuals and businesses that currently have health insurance as well as those that do not. The IPA program is designed to assist those who are hard to reach by virtue of the fact that they may need additional outreach and education (beyond generalized advertisements) and are likely to need assistance navigating the web portal or understanding their health coverage options.

Application

Q: Should a “workplan” be included as part of the narrative or should it be a separate section?

A: Yes, a “high-level work plan” should be included as part of the narrative as referenced in section X (3) B. There will be an opportunity to reference the work plan throughout the narrative section.

Q: The RFA indicates that partnerships, or collaborative applications, may be submitted. How should those partnerships be documented in the application?

A: Applicants are welcome to work with other community organizations in their proposed projects. Submission of memorandums of agreement or understanding (MOAs/MOUs) is not required in the application. However, the applicant should relay who is responsible for which duties and how those duties will be completed. If duties are being completed by partners, the core of the duties being completed, their experience, and skills to complete those activities

should be reflected as a part of the response to the RFA section X (3) to give reviewers a complete picture of the strengths each partner brings to the proposal. If the applicant receives an award, the primary organization may be asked to submit additional documentation about the partnerships before finalizing the grant agreement.

Q: May grant funds be used to purchase IT or tech products (hardware, software, etc.) needed in order to carry out the grant?

A: Yes, technology, including cell phones and laptops, may be purchased if needed to support the funded project. Please consider and justify these purchases carefully. Any single expenditure over \$2,500 must have prior approval. Be aware that the web portal is not being developed to support eligibility and enrollment functions on tablets, phones or iPads.

Q: Will the IPAs be able to support consumers by telephone and submit applications on their behalf?

A: Yes. IPAs can assist individuals in person or over the phone. The strength of the application will be judged on the applicant's ability to garner a consumer's trust and to get them educated and enrolled. If use of the telephone impedes this relationship, that should be considered by the applicant.

Q: Are page limits strict?

A: Yes, all applicants must adhere to the page limits described in the RFA.

Q: A: Q: Is number 12 on page 32 required? It states, "Please provide in writing the name of all your organization's insurance carriers and the type of insurance provided."

A: This is a required part of the application, and it is not just for those who are awarded. Section X (Page 21) describes all of the required parts of the application. An applicant should submit the name of all its insurance carriers and the type of insurance provided (e.g., general liability insurance, automobile insurance, workers' compensation, health insurance, etc.).

Q: Are performance measures required in the application?

A: No performance measures are required until after the grants have been awarded and the program begins.

Q: Is the table of contents and front cover included in the page limit?

A: No. The page limits apply only to those specific sections where a page limit is specified.

Q: Can attachments be added to the application as supporting documents?

A: No, additional information that is not requested should not be submitted. Only the documents required in the RFA will be forwarded to the review committee.

Q: Will the application documents be made available in a fillable or editable format?

A: Yes, the charts will be made available in a fillable format on the DC Health Benefit Exchange website at <http://hbx.dc.gov>.

Q: Should the organizational chart request reflect the current structure or the future structure if the funding is awarded?

A: The RFA does not specify whether a present or future organization chart should be provided, so the applicant can provide either.

Q: Should the project budget submitted with the application cover a 12 or 18 month period?

A: The project budget should cover the 18-month project period.

In-Person Assister Training

Q: Is the IPA training only available in-person or will it be available online?

A: The required training for In-Person Assisters will be conducted in-person in August and September. Online modules will be made available to help IPAs review learned materials over the course of the program.

Q: Will the IPAs be paid during the mandatory training period?

A: The compensation and pay structure of individual IPAs is determined by the organization that receives the grant, not by the DC Health Benefit Exchange. The organization is eligible to submit training time to draw down on their grant award as a reimbursable expense.

Q: Will the IPA training be provided in languages other than English? What provisions will be made for those with limited English proficiency.

A: Training will only be made available in English. It is important for IPAs to have strong English language capacity in order to navigate the web portal and to understand other outreach, education, eligibility and enrollment materials provided by the DC Health Benefit Exchange.

The IPA Program does aim to assist consumers with limited English proficiency. Thus, individuals IPAs will need the language competency to convey the complex information in the primary languages of the consumers they intend to serve in an easy-to-understand way. IPA Entities can supplement the DC Health Benefit Exchange training with additional training on how to convey information in target languages.

Q: Will a “train the trainer” session be provided so grantees can train their own staff on the training provided to the IPAs.

A: A “train the trainer” session is not currently planned. In order to become certified, IPAs must attend an approved training. Organizations will need to identify a project manager who will play a role in ongoing education and support for IPAs. Online training modules will be available as well to help IPAs brush up on topic areas.

Q: Will all IPA training be provided by the DC Health Benefit Exchange?

A: The DC Health Benefit Exchange will develop and provide all training for the IPAs, including online tools, job aides, and in person training sessions. All IPAs will be required to participate in

approximately 30 hours of in person training that will be conducted in late August/early September.

Q: Where will the IPA training take place?

A: The location will be determined by the number of IPAs that will require training. The training will be held in the District at a Metro-accessible location. Travel costs associated with the training are reimbursable items in the grant.

Q: Is there a minimum education requirement in order to work as an IPA?

A: No, each organization will develop their own criteria for people they want to hire or have to serve as IPAs. IPAs must have the skills necessary to pass the certifying exam.

Q: Will current DC agents, brokers, and producers receive the same IPA training or will that training be different?

A: The DC Health Benefit Exchange has convened a Producer Advisory Committee of stakeholders that will determine the training needs of agents, brokers, and producers.

Q: Will the DC Health Benefit Exchange offer this or any other training to individuals in the community who are already navigators or advocates but will not be In-Person Assisters through this program?

A: The Consumer Assistance and Outreach Advisory Committee will address this question. While the details are still being considered, we expect that there will be other pathways for individuals who already assist consumers and businesses enroll in health insurance coverage to do so through the Exchange.

Q: If one of my identified IPAs leaves the organization or can no longer serve as an IPA, is there a way to fill that opening? How will they be trained?

A: The DC Health Benefit Exchange recognizes that individuals get sick, move or leave positions for different personal reasons. There will be a process developed for training a small percentage of an organization's IPA positions in these notable situations. In order to avoid this situation, the DC Health Benefit Exchange encourages organizations to clearly convey the duties of this position and that this is an 18 month program. A sample job description has been provided in Appendix B. The success of the IPA Program will depend on knowledgeable and effective IPAs.

Q: Will organizations be required to train a certain number of staff as IPAs?

A: All individuals in an organization that will perform the duties of an IPA will be required to be trained and to complete a skills-based exam. Administrative personnel and others who support and enable IPAs to be successful are not required to be trained.

Q: Is there a minimum number of IPAs that an organization must have?

A: There is no minimum, maximum, or ideal number of IPAs in an organization. The efficiency of a proposal will be considered so some economies of scale can be beneficial.

Project Implementation

Q: Please clarify goal 3 on page 10, "Coordinate with related programs and entities, serving as a one-stop shop with the ability to provide warm hand-offs to other health and social services."

A: The In-Person Assister Program and the DC Health Benefit Exchange aims to serve as a one-stop shop for people interested in learning about their healthcare coverage options. The IPAs will be trained to help individuals make choices about how to take advantage of a range of health coverage and health service options and refer them as needed to other programs and other types of assistance if appropriate.

Q: How many IPAs do you estimate will be required to support the initial open enrollment period?

A: There is no established number of IPAs that will be needed in the District. When the DC Health Benefit Exchange submitted its proposed estimates to the Federal government as a part of the grant request, 170 IPAs were estimated. (Please note that this is the number of individual IPAs, not the number of IPA Entities). Once again, this is an estimated number and does not reflect a minimum or maximum number of IPAs.

Q: How much time will it take to complete an enrollment?

A: This will vary depending on the specific individual. Factors can include, but are not limited to, whether a consumer has a language or cultural barrier or whether they have ever had insurance.

Q: Will organizations be expected to have additional staff during peak periods and provide training to those additional staff?

A: When determining staffing needs, peak periods should be considered; however, all staff should be identified and trained at the start of the program, including new hires. A majority of the grant period is a peak period of this program.

Q: Do IPAs need portable printers?

A: Portable printers are not required, though a printer can be budgeted for any justifiable purpose. Grantees will need to print customized outreach and event materials. General outreach materials will be created and printed by the DC Health Benefit Exchange.

Q: How will the call centers interact with the IPAs?

A: There will be call centers available 24/7, but not all consumers will feel comfortable and confident using the call center. In many cases, the IPAs are going to be the trusted sources to reach uninsured and hard-to-reach individuals. The call center staff may be a resource if an IPA has a question. The call center may also refer consumers to IPAs in certain circumstances. Protocols related to these hand-offs will be addressed in the training. *Q: Can IPA Entities do their own marketing?*

A: You will be provided with outreach materials and messages that are accurate and have been tested with consumers. IPAs will receive training on how they can use (and adapt) approved marketing information and materials provided by the DC Health Benefit Exchange. Grantees

will need a marketing and dissemination plan that is unique to the population they plan to serve. The DC Health Benefit Exchange wants to hear how grantees plan to use existing connections and networks to reach the target populations they already serve. If you already use particular methods to reach your target population, we expect you to use and develop those methods. Outreach messages and materials will be provided in Spanish, but IPA Entities should plan to assist with translation of materials and messages into other languages.

Q: Open enrollment begins October 1, 2013. When will the IPA Program be operational?

A: In order to meet the October 1 deadline, funded projects will be operational immediately after the grant awards have been finalized.

Q: Is there a monthly quota for the number of individuals that should be enrolled in health insurance plans?

A: No, there is no monthly quota.

Q: Will grantees be required to enroll a certain number of people?

A: While there is no specific number of enrollments expected from a grantee, the DC Health Benefit Exchange will be tracking the number of people being enrolled by each IPA and IPA Entity. Number of enrollments will be one of the criteria on which grantees will ultimately be judged. If an organization's outreach and enrollment strategy is not working, the organization is expected to modify their plan and try a different approach.

Q: Will IPAs work with insurance agents and brokers?

A: Yes, in some cases. For example, IPAs cannot recommend particular insurance plans. Rather, they will help consumers understand the factors to consider when making a choice such as the difference between an HMO and PPO. If a consumer specifically wants an IPA to pick a plan for them, the IPA will have to refer the consumer to an agent or broker. A consumer or business can have both an IPA and agent or broker assisting them.

Q: What is the requirement for a bank account for individuals enrolling?

A: There will be a method for paying premiums without a bank account since some individuals do not have one. Individuals will be able to pay by check, money order, credit card, or debit card.

Q: Will there be a way to help enrollees with filing grievances and legal complaints?

A: IPAs will be trained on how to help consumers with questions and where to refer consumers with particular grievances and legal complaints, such as the Ombudsman's Office.

Q: Will there be a process for determining if people should be enrolled or continue on Medicaid?

A: The Exchange web portal will determine both Medicaid and Exchange eligibility through one application, so IPAs will be assisting individuals access both programs. IPAs will be trained to answer questions about all supported programs.

Q: Will IPAs serve people with disabilities?

A: Yes. Applicants are required to explain how the organization will accommodate individuals with disabilities.

Budget and Reporting

Q: Is there a minimum number hours that should/can be budgeted for each IPA?

A: We are expecting that there will be part time and full time IPAs to allow flexible types of staffing strategies.

Q: Is there a minimum or maximum pay rate that should be used to compensate qualified IPAs?

A: No, there is no minimum or maximum pay rate. The compensation and pay structure of individual IPAs are determined by the organization that receives the grant, not by the DC Health Benefit Exchange. Applicants will need to propose in their budget how the IPAs will be paid and the DC Health Benefit Exchange may negotiate with an organization that looks to have budgeted outside the norm for staff compensation for the duties being performed.

Q: What are the reporting requirements for the grantees?

A: Metrics will be finalized after awards are made, however, the general reporting requirements are stated in section VI (11) of the RFA. The reporting will be standardized and some of the information will be submitted online and some information will be tracked automatically through the web portal. Grantees will also be required to submit monthly financial statements including documentation of expenditures.

Q: Is this grant reimbursement-based?

A: The grant is not strictly reimbursement-based and will be paid out as follows:

- 25% of the grant amount will be paid up-front to build up capacity and resources necessary to meet the IPA duties in a timely manner and allow for payroll or reimbursements where other organizational funding is unavailable. Documentation of expenditures will be required.
- 40% of the grant amount will be available to IPA Entities for costs incurred from award date to March 31, 2014 and will be disbursed based on required monthly financial statements as specified by the DC Health Benefit Exchange.
- 35% of the grant amount will be available to IPA Entities from April 1, 2014 to December 31, 2014 that demonstrate best efforts based on the performance metrics identified in section VI (11). The final 35% will be disbursed based on monthly financial statements as specified by the Exchange.

Periodically, IPA Entities will be required to demonstrate their progress.

Coordination with Other Health Coverage Programs

Q: How will funding wrap around and not duplicate existing funding, for example for Medicaid and CHIP?

A: The money for this program is to be targeted to uninsured, underinsured, and hard-to-reach populations. It is not specifically targeted to those eligible for or enrolled in Medicaid because, as the question implies, there are other outreach programs and enrollment programs for that population. However, IPAs will be trained and required to help anyone who seeks assistance through the Exchange portal, which includes the joint Medicaid/Exchange application.

Q: How will funding for IPAs be coordinated to prevent duplication of existing outreach that is provided through other services, such as Medicaid, Ryan White, and CHIP?

A: IPA funding should supplement existing funding sources and not supplant them. The DC Health Benefit Exchange and IPA program leaders will work to ensure strong coordination with other related programs in the District. IPAs will be trained on the other resources available to consumers and how to refer consumers appropriately.

Q: Will this program replace the DC Healthcare Alliance that is currently available to the uninsured?

A: No, the Affordable Care Act is looking to connect people to all avenues of coverage, not trying to put everyone into a private or public plan. IPAs will help consumers find the appropriate program for them. The DC Healthcare Alliance is still a critical program for low-income and undocumented individuals.

Miscellaneous Questions

Q: Will any funding be available to support ongoing project needs after December 31, 2014?

A: This specific program will end on December 31, 2014. The DC Health Benefit Exchange will be assessing future needs and funding sources to determine how best to meet the federal requirement for an ongoing program to assist people with eligibility and enrollment. That program will build on the strengths and lessons learned of the IPA program. It will likely be smaller in scope.

Q: Will a list of attendees from the pre-proposal conference be made available?

A: No, in order to maintain the privacy of the attendees a list will not be distributed.

Q: Will the PowerPoint presentation or any other form of information from the pre-proposal conference be available?

A: The PowerPoint presentation will not be shared. The information conveyed in the presentation came from the RFA which should be considered the primary source of information about the IPA program. An audio recording of the presentation is available on the front page of the DC Health Benefit Exchange website (<http://hbx.dc.gov>) under meeting materials.

Q: Will a list of organizations who submitted letters of intent be shared publicly?

A: For privacy reasons, it will not.

Q: What organizations will post the Navigator or IPA positions and will the DC Health Benefit Exchange post them?

A: Primarily, grantees will be responsible for recruiting and hiring IPAs. To assist them with recruitment, the DC Health Benefit Exchange will work with the DC Department of Employment Services to post for IPAs based on the general job description included in Appendix B of the RFA. This will allow organizations that need to hire and those that may be interested in being assisters to link up as soon as grant awards are made.

Q: Do you expect the IPAs and the IPA Entities to have insurance?

A: We ask you to submit the insurance coverage your organization currently has (i.e. liability insurance, health insurance, short – and long-term disability, etc.) in response to number 12 in section XII. We understand that that health insurance has not been possible for all organizations so we are not requiring that the IPAs have health insurance at this time.

Q: Will it be possible for volunteers to become certified IPAs that will work with consumers at no cost?

A: The Consumer Assistance and Outreach Advisory Committee is considering ways volunteers can be utilized to assist with many of the functions that will be performed by IPAs.

Q: What experts will review applications? Can individuals today submit their names to be considered?

A: The Institute for Public Health Innovation will accept recommendations for individuals to serve on the review committee via email at IPA@institutephi.org. The review committee is still being formed and conflicts of interest will be highly managed. Individuals who are employed by organizations who have submitted applications will not be considered.